

William D. Parrott
Plaintiff

VS.
Green County Juvenile Court
Missouri Childrens Division
Judge Andy Hosmer
Defendant

Case No. 23 GK-JU 00450

I state that I am unable to pay the fees to file an action against the defendant(s) in this case and that the actions of the defendant(s) have harmed me.

Attached is my Affidavit of Financial Status in support of my application to the court for leave to file a civil action without payment of costs.

W. J. P. M.
Plaintiff

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

William D. Parrott

Plaintiff

vs.

Missouri Childrens Div.
Green County Juvenile Court
Judge Andy Hosmer

Defendant

Case No. 236K-JU00450

AFFIDAVIT OF FINANCIAL STATUS

I, William Parrott, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: ☒ Married: ☐ Separated: ☐ Divorced: ☐

B. Name of Spouse NA

C. Age of plaintiff, petitioner or complainant: 37 years

D. Age of spouse: NA

E. Address of plaintiff, petitioner or complainant:

1131 Flordia St. Springfield MO.

Telephone: 417-470-6648

F. Address of spouse: NA

Telephone: NA

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:

II. EMPLOYMENT

- A. Name of employer: Self Employed Contract *remodel*
Address of employer: 1831 Florida St. Spring Field *air conditioning covers*
Employer's telephone: _____ Length of employment: 4
Job title or description: _____
Net Income: Monthly \$ _____ Weekly \$ _____
Gross Income: Monthly \$ 1,990 Weekly \$ 497.20
Does employer provide health insurance: Yes ☐ No ☒
If employer provides health insurance, describe coverage: _____
- B. Previous employment (Answer only if presently unemployed).
Name of employer: _____
Address of employer: _____
Employer's telephone: _____ Length of employment: _____
Job title or description: _____
Net Income: Monthly \$ _____ Weekly \$ _____
Gross Income: Monthly \$ _____ Weekly \$ _____
- C. Employment of spouse:
Name of employer: _____

Address of employer: _____

Employer's telephone: _____ Length of employment: _____

Job title or description: _____

Net Income: Monthly \$ _____ Weekly \$ _____

Gross Income: Monthly \$ _____ Weekly \$ _____

III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes ☐ No ☒

If yes - Description: _____

Address: _____

In whose name? _____

Estimated value: _____

Total amount owed: _____

Owed to: _____

Annual income from property: _____

B. Owner of automobile: Yes ☒ No ☐

If yes - Number of automobiles owned: 1

Make _____ Model _____ Year 1992

Make _____ Model _____ Year _____

In whose name registered? William Parrott

Present value: _____

Amount owed on the automobile(s): X

Owed to: _____

Monthly payment(s): _____

- C. Cash on hand: (Include checking and savings accounts)

\$ 77.00

List names and addresses of banks and associations: NA

Please do not state account numbers:

- D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends:	<input type="checkbox"/>	<input type="checkbox"/>
Pensions, trust funds, annuities or life insurance payments?	<input type="checkbox"/>	<input type="checkbox"/>
Gifts or inheritances?	<input type="checkbox"/>	<input type="checkbox"/>
Welfare payments?	<input type="checkbox"/>	<input type="checkbox"/>
ADC or other governmental child support?	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Other sources?	<input type="checkbox"/>	<input type="checkbox"/>

- E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

IV. OBLIGATIONS

- A. Monthly rental on house or apartment: 925.00
- B. Monthly mortgage payments on house: 0
- Amount of equity in house: 0

C. Monthly mortgage payments on other properties: \$ 0

Amount of equity in other properties: \$ 0

D. Household expenses:

Monthly grocery expense: 300.00

Monthly utilities:

Gas: _____

Electric: _____

Water: _____

Other: (Specify) ALL 400.00 - 450.00

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE

V. OTHER INFORMATION PERTINENT TO FINANCIAL STATUS

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

[Signature] 3/7/25
Signature of Plaintiff

VERIFICATION

State of Missouri)
County of Greene)

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

[Signature]
-NA
Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this 7 day of March, 2025

[Signature]
Notary Public

4-17-2027
My Commission Expires

